Asthma Management in Ages 12+ Years

Based on the 2023 Global Initiative for Asthma (GINA) Report

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Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Assess
- Confirm or evaluate diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

Adjust
- Treat comorbidities, & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- Add/adjust asthma medications
- Educate and train skills and proper use

Review
- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effects
- Patient satisfaction, quality of life

Repeat
- Assess
- Adjust
- Review

TRACK 1 Preferred Approach

- **Reliever:** As-needed low dose ICS-formoterol
- **Controller:** Follow steps

	START HERE IF: Symptoms < 4-5 days/week	START HERE IF: Symptoms most days or waking with asthma ≥ 1 time/week	START HERE IF: Daily symptoms or waking with asthma ≥ 1 time/week and low lung function	Step 5
Controller →	Step 1 & Step 2: As-needed only low dose ICS-formoterol	Step 3: Low dose maintenance ICS-formoterol (MART)	Step 4: Medium dose maintenance ICS-formoterol (MART)	Add on LAMA; Refer for phenotypic assessment with or without biologic therapy; Consider high dose ICS-formoterol (MART)
Reliever →	**Reliever:** As-needed low dose ICS-formoterol			

← A short course of OCS may be needed in those presenting with severe, uncontrolled asthma

The alternate approach is reasonable when: preferred approach is not possible, if patient is stable on their current therapy (e.g., no exacerbation within the past year), or alternate approach is preferred by the patient

TRACK 2 Alternate Approach

- **Reliever:** As-needed SABA or as-needed ICS-SABA
- **Controller:** Follow steps

	START HERE IF: Symptoms < 2 times/month	START HERE IF: Symptoms ≥ 2/month but < 4-5 days/week	START HERE IF: Symptoms most days or waking with asthma ≥ 1 time/week	START HERE IF: Daily symptoms or waking with asthma ≥ 1 time/week and low lung function	Step 5
Controller →	Step 1: Take ICS whenever SABA is taken	Step 2: Low dose maintenance ICS	Step 3: Low dose maintenance ICS-LABA	Step 4: Medium/high dose maintenance ICS-LABA	Add on LAMA; Refer for phenotypic assessment with or without biologic therapy; Consider high dose ICS-LABA
Reliever →	**Reliever:** As-needed short-acting β2-agonist (SABA)* or as-needed ICS-SABA				

← A short course of OCS may be needed in those presenting with severe, uncontrolled asthma

*If considering SABA reliever, confirm that the patient is likely to be adherent to daily controller treatment

Other Controller Options for use in either approach

Other Controller → Options	Step 1	Step 2	Step 3	Step 4	Step 5
		Low dose ICS whenever SABA taken, or daily LTRA, or add HDM SLIT	Medium dose ICS, or add LTRA, or add HDM SLIT	Add LAMA or LTRA or HDM SLIT, or switch to high dose ICS	Add azithromycin (for adults) or LTRA; add low dose OCS as last resort

HDM: house dust mite; **ICS:** inhaled corticosteroid; **LABA:** long-acting beta-2 agonist; **LAMA:** long-acting muscarinic antagonist; **LTRA:** leukotriene receptor antagonist; **MART:** maintenance and reliever therapy; **OCS:** oral corticosteroids; **SABA:** short-acting beta-2 agonist; **SLIT:** sublingual immunotherapy

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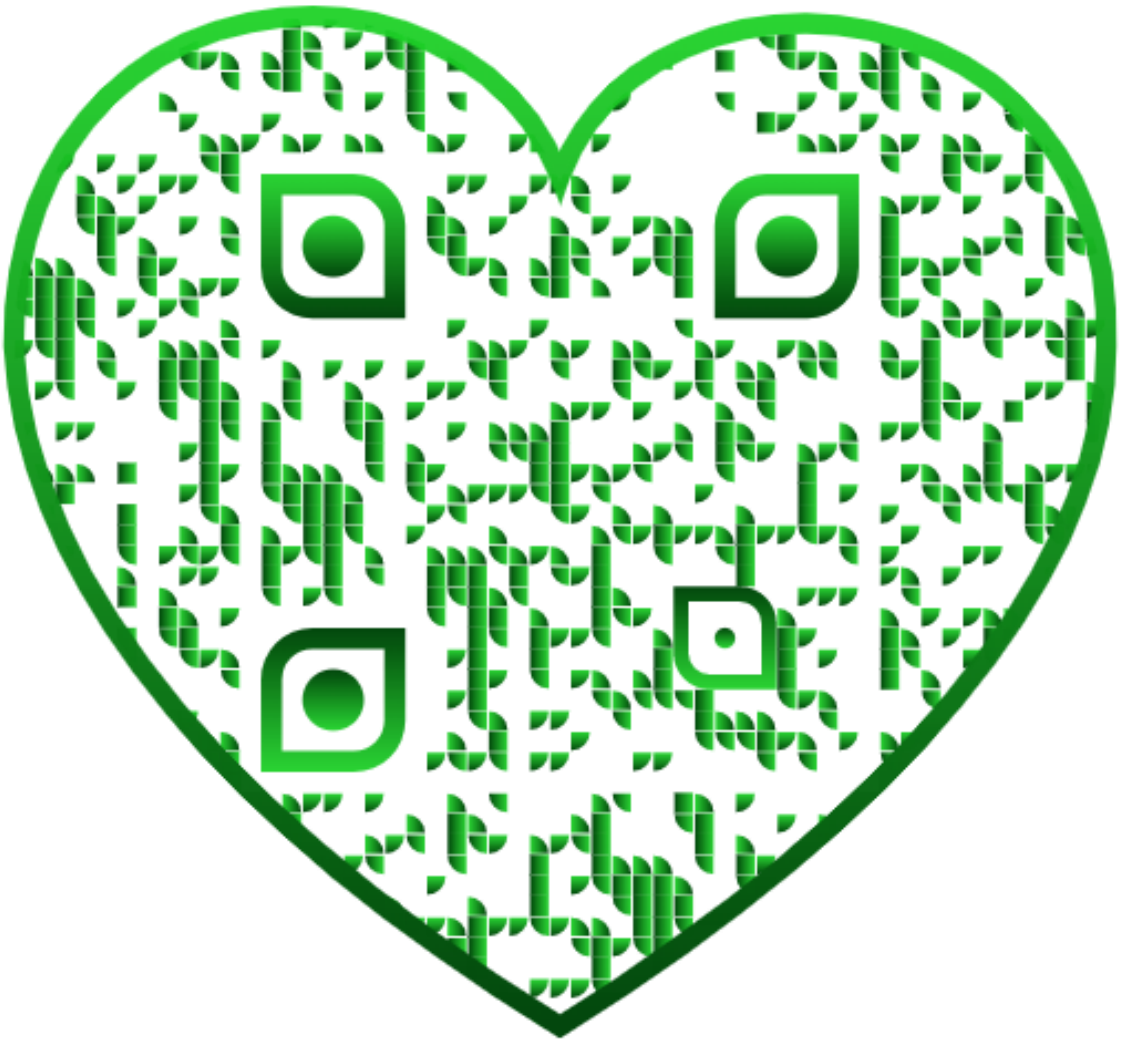

Asthma Management in Ages 11 Years and Under

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Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Assess
- Confirm or evaluate diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

Adjust
- Treat comorbidities, & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- Add/adjust asthma medications
- Educate and train skills and proper use

Review
- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effects
- Patient satisfaction, quality of life

Repeat
- Assess
- Adjust
- Review

Children ages 6-11 years

- **Reliever:** As-needed SABA or low dose ICS-formoterol for MART (Steps 3-4)
- **Controller:** Follow steps

← A short course of OCS may be needed in those presenting with severe, uncontrolled asthma

	Step 1	Step 2	Step 3	Step 4	Step 5
START HERE IF:	Symptoms < 2 times/month	Symptoms ≥ 2 times/month but less than daily	Symptoms most days or waking with asthma ≥ 1 time/week	Symptoms most days or waking with asthma ≥ 1 time/week and low lung function	
Preferred Controller →	**Take low dose ICS whenever SABA is taken**	**Daily low dose ICS** (use child dose ranges)	**Low dose ICS-LABA, or medium dose ICS, or very low dose ICS-formoterol as maintenance & reliever therapy (MART)**	**Medium dose ICS-LABA, or low dose ICS-formoterol as maintenance & reliever therapy (MART)** **Refer for expert advice**	**Refer for phenotypic assessment** **Consider higher dose ICS-LABA or add-on therapy (e.g., anti-IgE, anti-IL4R, anti-IL5)**
Other Controller → Options	Consider daily low dose ICS	Daily LTRA, or low dose ICS whenever SABA is taken	Low dose ICS + LTRA	Add tiotropium or add LTRA	Consider add-on low dose OCS (last resort)
Reliever →	**Reliever:** As-needed short-acting β2-agonist (SABA) or ICS-formoterol for MART as above in Steps **3 & 4**				

Children ages 5 years and younger

- **Reliever:** As-needed SABA
- **Controller:** Follow steps

Before stepping up, check for alternate diagnosis, confirm proper inhaler use, review adherence & exposures

	Step 1	Step 2	Step 3	Step 4
CONSIDER THIS STEP IF:	Infrequent viral wheezing & no or few interval symptoms	Symptoms are not consistent with asthma, but wheezing episodes requiring SABA occur frequently (e.g., ≥ 3/year). Give a 3-month diagnostic trial. Consider expert referral. or Symptoms are consistent with asthma and are not well controlled or ≥ 3 exacerbations per year.	Confirmed asthma & not well-controlled on low dose ICS	Asthma not well controlled on doubled dose of initial low dose ICS
Preferred Controller →	*Not enough evidence for daily controller*	**Daily low dose ICS** (use ages 5 years and under low ICS dose range approximations)	**Double the initial low-dose ICS**	**Continue controller** **Refer for specialist assessment**
Other Controller → Options	Consider intermittent short ICS course at onset of viral illness	Daily LTRA, or intermittent short courses of ICS at onset of respiratory illness	Low dose ICS + LTRA; Consider specialist referral	Add LTRA, or add intermittent ICS, or increase ICS frequency
Reliever →	**Reliever:** As-needed short-acting β2-agonist (SABA)			

ICS: inhaled corticosteroid; **LABA:** long-acting beta-2 agonist; **LAMA:** long-acting muscarinic antagonist; **LTRA:** leukotriene receptor antagonist; **MART:** maintenance and reliever therapy; **OCS:** oral corticosteroids; **SABA:** short-acting beta-2 agonist

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